

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT 14-SEP-2012	TIME 21:32:00	2. ADDRESS OF OCCURRENCE 249 W 110TH PL CHICAGO, IL 60628	3. LOCATION CODE 303	4. BEAT/OCCSR 0513			
	5. POSITION 9161	6. LAST NAME BYRNE	7. FIRST NAME JOSEPH M	8. STAR NO. 5304	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE: 11-AGE WHI	11. HT. 601	12. WT. 165
	14. DATE OF APPT. 27-AUG-2007	15. EMPLOYEE NO. 005	16. UNIT & BEAT OF ASSIGNMENT 0563C	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20. LAST NAME MCGOWAN	21. FIRST NAME CHRISTOPHER	22. MI. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. O.O.B. 	26. HT. 506	27. WT. 130
	28. ADDRESS COOK COUNTY MEDICAL EXAMINER - MOR	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY MEDICAL EXAMINER - MOR	34. BY WHOM? 	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED DNA	37. DB NO. 00000000	IR NO. BNA		
	38. DNA	SUBJECT'S ACTIONS		PASSIVE RESISTER	ACTIVE RESISTER	ASSAULTANT: ASSAULT	ASSAULTANT: BATTERY	ASSAULTANT: DEADLY FORCE
		BID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER	VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON WAUTORIZATION OTHER	PEED PULLED AWAY OTHER	IMMINENT THREAT OF BATTERY OTHER	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER	
				OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANSCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Shock) TASER (Laser Targeted) TASER (Shock Displayed) OTHER	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 48) IMPACT MUNITION (Describe in Box 49) OTHER	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 49)	FIREARM OTHER	
	39. DNA	40. ADDITIONAL INFORMATION			THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I AM ONLY COMPLETING THIS REPORT AT THIS TIME BECAUSE G.O. REQUIRES ME TO MAKE THIS REPORT. I KNOW THAT I WILL LOSE MY JOB IF I REFUSE. THIS REPORT IS A SUMMATION AND PRELIMINARY REPORT.			
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	44. WEATHER CONDITIONS <input type="checkbox"/> 01 Good Atmosphere <input checked="" type="checkbox"/> 02 Bad Atmosphere	CLEAR
	45. MAKE/MANUFACTURER SIG & J. G. SWISS INDUSTRIAL GESELLSCHAFT	46. MODEL P220	47. BARREL LENGTH 4.4	48. CALIBER/GAUGE 45 CAL				
	49. TASER PART ID NO. G396281	50. WEAPON SERIAL NO. (Initial Letters) R00660S	51. CHICAGO GUN REG. NO. R00660S	52. IL FIREARM OWNER ID NO. 	53. HANDGUN CERTIFICATE NO. 			
	54. SPECIAL WEAPON CERTIFICATE NO. 	55. PROPERTY INVENTORY NO. Department Issued	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 8			
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 8	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. OTHER (Specify) 			
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE RELOAD	66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
	67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 15 FT. <input checked="" type="checkbox"/> 03 16 - 30 FT. <input type="checkbox"/> 04 OVER 30 FT.						
	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	70. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) 						
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	73. REPORTING MEMBER (Print Name) BYRNE, JOSEPH M 16-SEP-2012 04:01:36	STAR/EMPLOYEE NO. 5304	SIGNATURE [Redacted]					
	74. REVIEWING SUPERVISOR (Print Name) LOUGHREN, SEAN R	STAR NO. 540	SIGNATURE [Redacted]	BATE REVIEWED 15-SEP-2012 04:07:23	TIME 15-SEP-2012 04:07:23			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	LOG# 1057098 Attachment 8							

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL, OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AGS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DINA

REFUSED

ENABLE TO INTERVIEW (Specify Reason)

Subject/Offender is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING:

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Joseph Byrne #5304 acted in compliance with Department policy. Officer Byrne fired his weapon in fear for his life after offender McGowan, Christopher (I.R. #2005337) pointed a handgun in the officer's direction, thus placing him in fear of his life Log #1057079 was issued for this incident. U#12-034

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1057079 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name):
ALEXANDER, DANA

SIGNATURE

DATE COMPLETED 15-SEP-2012 TIME 04:31:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS / PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> LO.D. REPORT <input type="checkbox"/> CRIMINATION REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRRS THIS EVENT No 4
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LOG# 1057079

Attachment 8